

[illegible]

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Homer David Atkinson	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet)			
Location Where Filed: NONE		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: NONE		Case Number:	Date Filed:
District:		Relationship:	Judge:
<div style="text-align: center;"> Exhibit A </div> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<div style="text-align: center;"> Exhibit B </div> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> X s/ Robin M. Zandri Signature of Attorney for Debtor(s) Robin M. Zandri </div> <div style="text-align: right;"> 7/21/2006 Date 6244169 </div> </div>	
<div style="text-align: center;"> Exhibit C </div> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p>		<div style="text-align: center;"> Certification Concerning Debt Counseling by Individual/Joint Debtor(s) </div> <p><input checked="" type="checkbox"/> I/we have received approved budget and credit counseling during the 180-day period preceding the filing of this petition.</p> <p><input type="checkbox"/> I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances (Must attach certification describing.)</p>	
Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box)			
<p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>			
Statement by a Debtor Who Resides as a Tenant of Residential Property <i>Check all applicable boxes.</i>			
<p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following).</p> <div style="margin-left: 150px; margin-top: 10px;"> _____ (Name of landlord that obtained judgment) </div> <div style="margin-left: 150px; margin-top: 10px;"> _____ (Address of landlord) </div> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of this petition.</p>			

Form 6- Summ

United States Bankruptcy Court
Northern District of Illinois
Eastern Division

In re Homer David Atkinson,
Debtor

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 0.00		
B - Personal Property	YES	4	\$ 28,134.36		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 6,931.78	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	YES	3		\$ 90,304.45	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ 2,687.33
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ 2,673.23
Total			\$ 28,134.36	\$ 97,236.23	

Official Form 6 - Decl.
(10/05)

In re Homer David Atkinson
Debtor

Case No. _____
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17
(Total shown on summary page plus 1.)
sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: 7/21/2006

Signature: s/ Homer David Atkinson
Homer David Atkinson

[If joint case, both spouses must sign]

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

(NOT APPLICABLE)

FORM B6A
(10/05)

In re: Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Total			0.00	

(Report also on Summary of Schedules.)

FormB6B
(10/05)

In re **Homer David Atkinson**

Debtor

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand		Cash		35.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		TCF Bank Checking Account		9.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		West Suburban Bank Checking Account		70.00
Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		West Suburban Bank Savings Account		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Clover Creek Apartments Security Deposit Residential Lease		300.00
4. Household goods and furnishings, including audio, video, and computer equipment.		Used household goods, Big Screen Television		800.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Used clothes		150.00
7. Furs and jewelry.		Dress watch, 2 rings, necklace		500.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Monumental Life Insurance Whole Life Insurance Policy		2,624.76

Form B6B-Cont.
(10/05)

In re **Homer David Atkinson**

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term Life Insurance through Pepsi		0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.		Local 744 Benefit Fund Profit Sharing Plan		11,545.60
Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give Particulars.		Teamsters Local 744 Pension Plan \$1,899.50/mo at age 65		present value uk
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			

Form B6B-Cont.
(10/05)

In re **Homer David Atkinson**

Case No. _____

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2001 Cadillac El Dorado		12,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			

Form B6B-Cont.
(10/05)

In re Homer David Atkinson,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
35. Other personal property of any kind not already listed. Itemize.	X			
<u>3</u> continuation sheets attached				\$ 28,134.36

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

Form B6C
(10/05)

In re Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

☐ 11 U.S.C. § 522(b)(2)

☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
2001 Cadillac El Dorado	735 ILCS 5/12-1001(c)	2,400.00	12,000.00
Cash	735 ILCS 5/12-1001(b)	35.00	35.00
Clover Creek Apartments Security Deposit Residential Lease	735 ILCS 5/12-1001(b)	300.00	300.00
Dress watch, 2 rings, necklace	735 ILCS 5/12-1001(b)	500.00	500.00
Local 744 Benefit Fund Profit Sharing Plan	735 ILCS 5/12-1006	11,545.60	11,545.60
Monumental Life Insurance Whole Life Insurance Policy	735 ILCS 5/12-1001(f)	2,624.76	2,624.76
TCF Bank Checking Account	735 ILCS 5/12-1001(b)	9.00	9.00
Teamsters Local 744 Pension Plan \$1,899.50/mo at age 65	735 ILCS 5/12-1006	100%	present value uk
Used clothes	735 ILCS 5/12-1001(a),(e)	150.00	150.00
Used household goods, Big Screen Television	735 ILCS 5/12-1001(b)	800.00	800.00
West Suburban Bank Checking Account	735 ILCS 5/12-1001(b)	70.00	70.00
West Suburban Bank Savings Account	735 ILCS 5/12-1001(b)	100.00	100.00

FORM B6D
(10/05)

In re: Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 9901043189 Harris Bank Barrington, N.A. PO Box 6201 Carol Stream, IL 60197		Security Agreement 2001 Cadillac El Dorado VALUE \$12,000.00				6,931.78	0.00

0 Continuation sheets attached

Subtotal >
(Total of this page)
Total >
(Use only on last page)

\$6,931.78
\$6,931.78

(Report total also on Summary of Schedules)

Form B6E
(10/05)

In re Homer David Atkinson

Debtor

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B6E -Cont.
(10/05)

In re Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
ACCOUNT NO.							

\$0.00	\$0.00
\$0.00	\$0.00

Form B6F (10/05)

In re Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 112432919 Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515		Medical Bill				830.36
ACCOUNT NO. 114472038 Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515		Medical Bill				405.43
ACCOUNT NO. 114412737 Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515		Medical Bill				123.34
ACCOUNT NO. 5396-8000-0554-4923 AT&T Universal Card PO Box 688901 Des Moines, IA 50368-8901		General Merchandise				11,082.03
ACCOUNT NO. 4706-2000-0014-7079 Bank of America PO Box 1758 Newark, NJ 07101-1758		General Merchandise				13,364.91

2 Continuation sheets attached

Subtotal >

Total >

(Use only on last page of the completed Schedule F.)

(Report also on Summary of Schedules)

\$25,806.07

Form B6F - Cont.
(10/05)

In re **Homer David Atkinson**

Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 5291-4918-0417-7820 Capital One Bank PO Box 790216 St. Louis, MO 63179-0216		General Merchandise				9,074.39
ACCOUNT NO. 4417-1222-0429-9573 Chase Cardmember Service PO Box 15153 Wilmington, DE 19886-5153		General Merchandise				14,877.62
ACCOUNT NO. 5424-1801-6773-4216 Citi Cards PO Box 688909 Des Moines, IA 50368-8909		General Merchandise				2,642.78
ACCOUNT NO. 4418-4091-4179-1039 First National Bank Omaha PO Box 2951 Omaha, NE 68103-2951		General Merchandise				5,631.97
ACCOUNT NO. 5499-4410-0435-3309 GM Cardmember Services PO Box 37281 Baltimore, MD 21297-3281		General Merchandise				1,000.40

Sheet no. 1 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

Total

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules)

\$33,227.16

Form B6F - Cont.
(10/05)

In re **Homer David Atkinson**

Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions, above.)	CODEBATOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL
ACCOUNT NO. 5490-9950-1702-2945 MBNA America PO Box 15286 Wilmington, DE 19886-5286		General Merchandise				23,592.47
ACCOUNT NO. 4352-3766-9884-0345 Target National Bank PO Box 59317 Minneapolis, MN 55459-0317		General Merchandise				334.85
ACCOUNT NO. 5467-0200-0538-2042 Union Plus Credit Card PO Box 88000 Baltimore, MD 21288-0001		General Merchandise				7,343.90

Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal >
(Total of this page)

Total >

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules)

\$31,271.22
\$90,304.45

Robin M. Zandri 6244169
Anderson & Associates, P.C.
1701 E. Woodfield Road
Suite 1050
Schaumburg, IL 60173

(847) 995-9999
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

Eastern Division

In Re:

Debtor: **Homer David Atkinson**

Social Security Number: **1193**

Case No:

Chapter **7**

Numbered Listing of Creditors

Creditor name and mailing address		Category of Claim	Amount of Claim
1.	Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515	Unsecured Claims	\$ 830.36
2.	Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515	Unsecured Claims	\$ 405.43
3.	Advocate Good Samaritan Hospital 3815 Highland Avenue Downers Grove, IL 60515	Unsecured Claims	\$ 123.34
4.	AT&T Universal Card PO Box 688901 Des Moines, IA 50368-8901	Unsecured Claims	\$ 11,082.03
5.	Bank of America PO Box 1758 Newark, NJ 07101-1758	Unsecured Claims	\$ 13,364.91

In re: **Homer David Atkinson**

Case No. _____

6.	Capital One Bank PO Box 790216 St. Louis, MO 63179-0216	Unsecured Claims	\$ 9,074.39
7.	Chase Cardmember Service PO Box 15153 Wilmington, DE 19886-5153	Unsecured Claims	\$ 14,877.62
8.	Citi Cards PO Box 688909 Des Moines, IA 50368-8909	Unsecured Claims	\$ 2,642.78
9.	First National Bank Omaha PO Box 2951 Omaha, NE 68103-2951	Unsecured Claims	\$ 5,631.97
10.	GM Cardmember Services PO Box 37281 Baltimore, MD 21297-3281	Unsecured Claims	\$ 1,000.40
11.	Harris Bank Barrington, N.A. PO Box 6201 Carol Stream, IL 60197	Secured Claims	\$ 6,931.78
12.	MBNA America PO Box 15286 Wilmington, DE 19886-5286	Unsecured Claims	\$ 23,592.47
13.	Target National Bank PO Box 59317 Minneapolis, MN 55459-0317	Unsecured Claims	\$ 334.85
14.	Union Plus Credit Card PO Box 88000 Baltimore, MD 21288-0001	Unsecured Claims	\$ 7,343.90

In re: **Homer David Atkinson**

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Homer David Atkinson**, named as debtor in this case, declare under penalty of perjury that I have have read the foregoing Numbered Listing of Creditors, consisting of **2 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: **s/ Homer David Atkinson**
Homer David Atkinson

Dated: **7/21/2006**

Form B6G
(10/05)

In re: Homer David Atkinson
Debtor

Case No. _____
(If known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☐ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Clover Creek Apartments 800 Foxworth Boulevard Lombard, IL 60148	Residential Lease

Form B6H
(10/05)

In re: **Homer David Atkinson**

Debtor

Case No.

(If known)

SCHEDULE H - CODEBTORS

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Form B6I
(10/05)

In re **Homer David Atkinson**

Case No. _____

Debtor

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor's Marital Status: Divorced	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP	AGE
Employment:	DEBTOR	SPOUSE
Occupation	Express Driver	
Name of Employer	Pepsi-Cola	
How long employed	18 Years	
Address of Employer	1475 E. Woodfield Road Suite 1300 Schaumburg, IL 60173	

Income: (Estimate of average monthly income)

1. Current monthly gross wages, salary, and commissions
(Prorate if not paid monthly.)

\$ 3,721.60 \$ _____

2. Estimate monthly overtime

\$ 0.00 \$ _____

3. SUBTOTAL

\$ 3,721.60 \$ _____

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 954.65 \$ _____

b. Insurance

\$ 73.12 \$ _____

c. Union dues

\$ 45.00 \$ _____

d. Other (Specify)

Life Insurance

\$ 42.00 \$ _____

Shoe Deduction

\$ 6.50 \$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,121.27 \$ _____

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,600.33 \$ _____

7. Regular income from operation of business or profession or farm
(Attach detailed statement)

\$ 0.00 \$ _____

8. Income from real property

\$ 0.00 \$ _____

9. Interest and dividends

\$ 0.00 \$ _____

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.

\$ 0.00 \$ _____

11. Social security or other government assistance
(Specify) _____

\$ 0.00 \$ _____

12. Pension or retirement income

\$ 0.00 \$ _____

13. Other monthly income

(Specify) **P/T Job as limo driver- Gross \$95 Net \$87**

\$ 87.00 \$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 87.00 \$ _____

15. TOTAL MONTHLY INCOME (add amounts shown on lines 6 and 14)

\$ 2,687.33 \$ _____

16. TOTAL COMBINED MONTHLY INCOME **\$ 2,687.33**

(Report also on Summary of Schedules)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document.:

Form B6J
(10/05)

In re Homer David Atkinson

Debtor

Case No. _____
(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>970.00</u>
a. Are real estate taxes included?	Yes	No <input checked="" type="checkbox"/>
b. Is property insurance included?	Yes	No <input checked="" type="checkbox"/>
2. Utilities: a. Electricity and heating fuel	\$	<u>250.00</u>
b. Water and sewer	\$	<u>20.00</u>
c. Telephone	\$	<u>175.00</u>
d. Other <u>Storage Space</u>	\$	<u>100.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>0.00</u>
4. Food	\$	<u>250.00</u>
5. Clothing	\$	<u>25.00</u>
6. Laundry and dry cleaning	\$	<u>25.00</u>
7. Medical and dental expenses	\$	<u>100.00</u>
8. Transportation (not including car payments)	\$	<u>240.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>50.00</u>
10. Charitable contributions	\$	<u>0.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>25.00</u>
b. Life	\$	<u>67.42</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>90.00</u>
e. Other	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) _____	\$	<u>0.00</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>285.81</u>
b. Other _____	\$	<u>0.00</u>
14. Alimony, maintenance or support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other _____	\$	<u>0.00</u>
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules)	\$	<u>2,673.23</u>

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

20. STATEMENT OF MONTHLY NET INCOME

a. Total monthly income from Line 16 of Schedule I	\$	<u>2,687.33</u>
b. Total monthly expenses from Line 18 above	\$	<u>2,673.23</u>
c. Monthly net income (a. minus b.)	\$	<u>14.10</u>

Form 7
(10/05)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: **Homer David Atkinson**

Case No. _____

Debtor

(If known)

STATEMENT OF FINANCIAL AFFAIRS

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
44,045.00	Pepsi-Cola Employment Income	2004
46,684.00	Pepsi-Cola Employment Income	2005
22,329.62	Pepsi-Cola Employment Income	2006
569.02	Oakbrook Limosine, LTD	2006

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE	FISCAL YEAR PERIOD
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3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Harris Bank Barrington, N.A. PO Box 6201 Carol Stream, IL 60197	June 29, 2006- \$285.81 May 29, 2006- \$285.81 April 29, 2006- \$285.81	857.43	6,931.78

Form 7-Cont.
(10/05)

None
☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
NAME AND ADDRESS OF CREDITOR			

None
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR			

4. Suits and administrative proceedings, executions, garnishments and attachments

None
☒

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None
☒

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None
☒

Form 7-Cont.
(10/05)

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None
☒

NAME AND ADDRESS OF CUSTODIAN	NAME AND ADDRESS OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None
☐

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
1997 Lincoln Mark VIII Value- \$5,560.46	Car accident, insurance totaled vehicle. After vehicle payoff, debtor received remaining \$1,898.53	12/01/2005

Form 7-Cont.
(10/05)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Anderson & Associates, P.C. 1701 E. Woodfield Road Suite 1050 Schaumburg, IL 60173	June 26, 2006	\$1,500.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Robert & Krista Witt None	09/26/2005	323 E. Wilson Avenue Lombard, IL 60148 \$53,356.00

None ☒

b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None ☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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Form 7-Cont.
(10/05)

12. Safe deposit boxes

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None



List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None



List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
------------------------------	--------------------------------------	----------------------

15. Prior address of debtor

None



If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
323 E. Wilson Avenue Lombard, IL 60148	Homer David Atkinson	1975-2005

16. Spouses and Former Spouses

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

Form 7-Cont.
(10/05)

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18. Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

Form 7-Cont.
(10/05)

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None
☒

NAME	ADDRESS
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* * * * *

[if completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 7/21/2006

Signature of Debtor s/ Homer David Atkinson
Homer David Atkinson

Form 8
(10/05)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re: **Homer David Atkinson**
Debtor

Case No. _____
Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☒ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1. 2001 Cadillac El Dorado	Harris Bank Barrington, N.A.				X

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
1. Residential Lease	Clover Creek Apartments	X

Date: **7/21/2006**

s/ Homer David Atkinson
Signature of Debtor

B 203
(12/94)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division

In re: Homer David Atkinson
Debtor

Case No. _____
Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,500.00</u>
Prior to the filing of this statement I have received	\$	<u>1,500.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

None

6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Adversarial Proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 7/21/2006

s/ Robin M. Zandri

Robin M. Zandri, Bar No. 6244169

Anderson & Associates, P.C.

Attorney for Debtor(s)

Form 6-Summ2
(10/05)

**United States Bankruptcy Court
Northern District of Illinois
Eastern Division**

In re **Homer David Atkinson**
Debtor

Case No. _____
Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159)
[Individual Debtors Only]**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$
Student Loan Obligations (from Schedule F)	\$
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E.	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$
TOTAL	\$ 0.00

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

Form B 21 Official Form 21
(12/03)**Form 21. STATEMENT OF SOCIAL SECURITY NUMBER****UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re)	
Homer David Atkinson , Homer D. Atkinson)	
David Atkinson)	
)	
Debtor)	
)	
)	
Address)	Case No.
810 Foxworth Boulevard)	
Apartment 106)	Chapter 7
Lombard, IL 60148)	
)	
Employer's Tax Identification (EIN) No(s). [if any]:)	
)	
Last four digits of Social Security No(s).: [if any])	
1193)	

STATEMENT OF SOCIAL SECURITY NUMBER(S)1. Name of Debtor (enter Last, First, Middle): **Atkinson, Homer, David**

(Check the appropriate box and, if applicable, provide the required information.)

☒ Debtor has a Social Security Number and it is : **336** - **36** - **1193**
(if more than one, state all.)

☐ Debtor does not have a Social Security Number.

2. Name of Joint Debtor (enter Last, First, Middle): _____

(Check the appropriate box and, if applicable, provide the required information.)

☐ Joint Debtor has a Social Security Number and it is : _____ - _____ - _____
(if more than one, state all.)

☐ Joint Debtor does not have a Social Security Number.

I declare under penalty of perjury that the foregoing is true and correct.

X s/ Homer David Atkinson

Signature of Debtor

7/21/2006

Date

Joint debtors must provide information for both spouses.Penalty for making a false statement: Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§ 152 and 3571.*

Official Form 23
(10/05)

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois
Eastern Division**

In re Homer David Atkinson,
Debtor

Case No. _____
Chapter 7

**DEBTOR'S CERTIFICATION OF COMPLETION OF INSTRUCTIONAL COURSE
CONCERNING PERSONAL FINANCIAL MANAGEMENT**

[Complete one of the following statements.]

☒ I, Homer David Atkinson, the debtor(s) in the above-
(Printed Name(s) of Debtor and Joint Debtor, if any)
styled case hereby certify that on 07/06/2006 I completed an instructional
(Date)
course in personal financial management provided by Consumer Credit Counseling Service of Greater Atlanta
(Name of Provider)
an approved personal financial management instruction provider. If the provider furnished a
document attesting to the completion of the personal financial management instructional course,
a copy of that document is attached.

☐ I, _____, the debtor(s) in the above-
(Printed Name(s) of Debtor and Joint Debtor, if any)
styled case hereby certify that no personal financial management course is required, because:
[Check the appropriate box.]

- ☐ I am incapacitated or disabled, as defined in 11 U.S.C. § 109(h)
- ☐ I am on active military duty in a military combat zone; or
- ☐ I reside in a district in which the United States trustee (or the bankruptcy administrator, if any) has determined that the approved instructional courses are not adequate at this time to serve the additional individuals who would otherwise be required to complete such courses.

Signature of Debtor: s/ Homer David Atkinson
Homer David Atkinson

Date: 7/21/2006